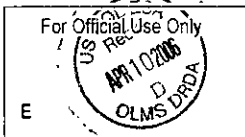


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>25311</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2005</b> Through: <b>12</b> / <b>31</b> / <b>2005</b>
3. Name and address of person filing. Name <b>SCOTT KLAPPER</b> P.O. Box, Bldg., Room No., if any Street <b>5900 N MAPLE RD</b> City <b>SALINE</b> State <b>Michigan</b> ZIP Code + 4 <b>48176</b>	4. Name, file number, and address of labor organization. Name <b>UA LOCAL 190</b> Labor Organization File Number <b>041-335</b> P.O. Box, Building and Room Number, if any Street <b>7920 JACKSON RD SUITE B</b> City <b>ANN ARBOR</b> State <b>Michigan</b> ZIP Code + 4 <b>48103</b>
5. Position in labor organization. <b>RECORDING SECRETARY</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Scott Klapper</u>	On <u>3-28-06</u> Date <u>734 368-6278</u> Telephone Number

Name of Person Filing SCOTT KLAPPER	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL 190 PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 33035 SCHOOLCRAFT RD</p> <p>City LIVONIA</p> <p>State Michigan, ZIP Code + 4 48150</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>THE PENSION PLAN IS A DEFINED BENEFIT PENSION PLAN COVERING ELIGIBLE EMPLOYEES OF UA LOCAL 190.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>NOVEMBER 2005 CONFERENCE</p> <p>12.b. Amount. \$1,113</p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name PLUMBERS LOCAL 190 HEALTH &amp; WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 33035 SCHOOLCRAFT RD

City LIVONIA

State Michigan ZIP Code + 4 48150

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

THE PLAN PROVIDES HEALTH AND DEATH BENEFITS TO ELIGIBLE MEMBERS OF THE UA LOCAL 190.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

NOVEMBER 2005 CONFERENCE

## 12.b. Amount.

\$1,113